



HEALTH DEPARTMENT

9 School St. - Amesbury, MA 01913
Tel. 978.388.8134 / Fax 978.388.7874
www.amesburyma.gov

John W. Morris, Health Director

Donna Lickteig, Adm. Asst.

TEMPORARY FOOD PERMIT APPLICATION - \$50. 00

(Must be submitted ten (10) days prior to event.)

Name of Festival/Function: _____ Name of Establishment: _____
Address of Establishment: _____ Name & Title of Applicant: _____
Tel./Cell: _____ EMAIL ADDRESS: _____

Water Source: _____ Sewage Disposal: _____ Bathroom Facilities: _____

Days/Hours of Operation: _____

Name(s) of Certified Food Manager(s):

_____ Tel. _____
_____ Tel. _____
_____ Tel. _____

Name(s) of Designated Person(s) in Charge:

_____ Tel. _____
_____ Tel. _____
_____ Tel. _____

Copies of the following must be submitted with this application:

1. Copy of existing food service license
2. Copy of Certified Food Protection Certificates for the above-named individual(s)
3. Menu item(s) & equipment layout (hand washing facilities at site, flooring, fire extinguisher, refrigeration, equipment labeling, sanitizers, etc.)
4. Certificate of Insurance of General Liability with Product Liability

Emergency Response Person Name: _____ Tel.: _____

Print Name

Signature

Date

Office Use Only – Received



ADM. ASST. HOURS:

Mon. thru Wed.: 8:00 am – 4:00 pm
Thursday: 8:00 am – 7:00 pm
Friday: 8:00 am – 12 Noon

DIRECTOR IN-OFFICE HOURS:

Mon. & Wed.: 8:00 am – 10:30 am
Thursday: 4:00 pm – 7:00 pm
Friday: 8:00 am – 10:30 am

OTHER HOURS BY APPT.

CLOSED DAILY FROM 12:00 pm – 1:00 pm

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